

APPLICATION FOR A CERTIFICATE OF INDEPENDENT STATUS

I, _____, hereby request, pursuant to
39-A M.R.S.A. Secs. 105 and 401, a Certificate of Independent Status.

WOOD HARVESTER:

NAME

ADDRESS NUMBER AND STREET

CITY STATE ZIP

TELEPHONE NUMBER

Please answer each of the following questions accurately and completely.

1. (a) Do you work alone?

YES _____ NO _____

(b) If the answer to Question 1(a) is NO, do you work with (Please check
appropriate box(es).)

Parent _____

Child _____

Spouse _____

Niece _____

Sibling _____

Nephew _____

Partner _____

Other (please describe) _____

2. Please list the tools and equipment that you own and use to harvest wood. (Attach a
separate sheet if necessary.)

3. Who is in charge of your day-to-day operations?

4. Do you usually work for more than one landowner during the course of a year?

YES_____

NO_____

5. Please describe who you have worked for during the last twelve (12) months, and how long you worked for them. (Attach a separate sheet if necessary.)

6. Please describe who you will work for during the next twelve (12) months, and how long you will work for them. (Attach a separate sheet if necessary.)

7. Please check the boxes that indicate how you are paid for harvesting wood.

By the Hour_____

By the Job_____

(in a lump sum)_____

By the Cord_____

By Board Feet_____

Other (please describe)_____

Please read carefully and sign below.

I hereby certify that the foregoing information is truthful and accurate. I understand that should any information contained in this application be found to be intentionally misleading or fraudulent, the Certificate of Independent Status shall be nullified. I further understand that the Certificate of Independent Status is based upon the information provided in this application and that any changes in these circumstances may nullify the Certificate of Independent Status. I agree to notify the Workers' Compensation Board of any subsequent changes.

DATE

SIGNATURE OF WOOD HARVESTER